

## THE PHILADELPHIA NEUROLOGICAL SOCIETY.

*Stated Meeting, January 26, 1886.*

*(Continued from page 192.)*

Dr. WHARTON SINKLER then reported a case of "Brain Tumor.

Miss S., aged fifty-two. Mother, maternal grandfather, great-grandfather, two maternal uncles, and two brothers died of phthisis. Paternal ancestors long-lived. No cancer. Healthy and well up to four years old. Then had a serious illness, spoken of by some as "brain fever"; another person says dysentery. Seemed to recover entirely from this, and was bright, well, and agreeable. Was not very intelligent mentally, but not by any means deficient. Catamenia first appeared at eighteen years. At seventeen years friends noticed a change in her; she was irritable, cross, and peculiar about many things. This condition of things continued through the remainder of her life, all the peculiarities becoming intensified. She was a great reader and a great eater. She was fond of literary pursuits, and spent a considerable amount of time in writing and painstaking composition. She never had convulsions as far as known. At twenty-five years she was examined as to her mental condition by Dr. Wm. Kirkbride, and he decided that, although not mentally vigorous, she was not insane.

For five or six years before her death, say forty-five years of age, she seemed to grow stouter, less inclined to work, and in walking seemed to move slowly and with difficulty. For three or four years before her death there was a drooping of the left corner of her mouth, most noticeable in smiling or speaking. This gradually increased. For eight or ten years she has had headaches.

In the summer of 1885 she was at Atlantic City, and had two or three attacks of violent headache associated with unconsciousness. These lasted several days at a time. She came under my charge in September, 1885. She then showed slight left facial paralysis, but no loss of power in arm or leg of either side. She complained sometimes of pain in the head, sometimes in the shoulder or neck. Seldom seemed to have persistent pain in one place. She had an attack of unconsciousness with severe headache. Screamed with pain, but could check herself, and when

asked what was the matter said she had pain, but could not state exactly where it was. At times she talked incoherently, and spoke of having seen persons whom I knew she had never seen. She was unwilling to leave her bed, but if she could be persuaded to get up could walk about. Her appetite was good, but there were indigestion and constipation. No vomiting. Vision seemed good, but the eye-ground was not examined. She was eccentric in her way of talking, and said many things with the evident intention of creating surprise.

At my suggestion she was taken to a country town in the vicinity of Philadelphia, and was there under the care of Dr. J. Reeve. After reaching this place she complained of pain in the right side of the head, and seemed unable to walk. Would fall into a semi-unconscious condition, which would last for some hours. The temperature became elevated. The facial paralysis became more marked, but although no paralysis of the limbs, there was general muscular weakness. The patient died on October 26, 1885.

The post-mortem examination was made by Dr. H. R. Wharton. Brain and cranial cavity; upon exposing the membranes of the brain they were found markedly congested, and the dura mater was very adherent to the petrous portion of the temporal bone on the right side. Brain removed, membranes divided and turned aside. Upon left side there was no apparent lesion. On the right some bulging of the membranes was apparent in the region of the fissure of Sylvius, and upon dissecting them off they were found very adherent to a tumor larger than an English walnut, growing from the fissure of Sylvius about the line of the fissure of Rolando. The tumor was red in color, stood out from the brain tissue, and was dense to the touch. There was some effusion into the ventricles.

Dr. de Schweinitz made a microscopic examination of the growth and sent me the following report:

"In the periphery the growth shows a structure composed of more or less perfectly developed fibrous tissue, more interiorly the stroma of the tumor is made up of numerous, variously sized, dilated blood-vessels, sometimes empty, but for the most part filled with corpuscles. Between these are numerous small round and large spindle cells (sarcoma tissue) scattered through the growth, sometimes singly, often in groups; there are round, yellowish-white bodies, which are probably amyloid in their nature. The tumor may be properly classed as an *angio-sarcoma*."

The growth, as may be seen, is spherical in shape and springs up out of the fissure of Sylvius. The points of interest in the case to me are these. First, the probable long standing of the growth. It is likely that it began at the age of eighteen years, when mental

peculiarities first showed themselves. Secondly, the absence of most of the symptoms peculiar to brain tumor. There were no convulsions, no vomiting, no defects of vision, and no pain localized in one particular spot. The facial paralysis was not noticed until three or four years before death. There were many marked hysterical symptoms which masked the true nature of the disease. These, I think, are often met with in brain tumors in women.

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*Stated Meeting, February 22, 1886.*

S. WEIR MITCHELL, M.D., President, in the chair.

Dr. HARRISON ALLEN read a paper on the headaches which are associated clinically with chronic nasal catarrh.

The reader divided the headaches of chronic catarrh into three kinds: the reflex, the neurotic, and the inflammatory.

THE REFLEX HEADACHE.

The reflex headache is almost entirely restricted to the forehead, the temple, and the vertex. In all varieties of chronic catarrh a dull pain in the region of the forehead is complained of, which may or may not be associated with oppression of spirits and with confusion of ideas. When the disease is confined to that plane of the chamber corresponding to the middle turbinated bone the pain is referred to the temple.<sup>1</sup> The patient will often accompany the account of this pain by a gesture. The index-finger is drawn across the face from the middle of the nose to the temple, and thence, in some instances, to the parietal eminence. The track thus begins at the nose and ends at the temple, or a point beyond. It is not a superficial path, but is referred to a locality lying deep within in the face, and is sometimes described as lying back of the eye. The temporal artery is tense and bounding. An attack of pain, which, in a mild form, may be confined to this region of the face and the temple, will extend, in severe attacks, to the vertex, and even to the nape of the neck. In such phases it is often associated with nausea, and is said to be a "sick headache." Less frequently the pain is referred, in the first place, to the vertex. The slightest exacerbation of the catarrh causes, in some cases, a severe pain at the top of the head

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<sup>1</sup> A probe passed in the nose, so as to enter the space defined between the inferior turbinated bone and the outer wall of the nose, often excites a sensation which is referred to the region of the lachrymal sac.

with a subjective impression of heat at the spot, and hyperæsthesia of the scalp.

From the headaches of cerebral disease the headaches of catarrh are sharply separated. The absence of any symptom referrible to cranial sources, the lack of evidence furnished by the history of the case that the complaint is of central origin, the complete control of the condition by local treatment, easily distinguish the affection last named.

Reflex catarrhal headache can be distinguished from "sick headache" of gastric origin by the absence of gastric disturbance, such as the furred tongue; from the temporal pains of eye-strain, by its persistence after the correction of the errors of refraction; and, with less exactness, from neuralgia of the head by exclusion of the rather multiform causes which are found to constitute this condition. Of necessity, it is possible to have a neuralgia of the variety last named or a condition following ciliary strain, as well as dyspepsia, in the same group of symptoms.

Cases of catarrhal headaches which are reflex in nature, are far more numerous than either the neurotic or inflammatory.

Unless the cribriform plate and the upper portions of the lateral masses of the ethmoid bone be seriously involved, either by malignant growths or by necrosis, the meninges of the brain do not suffer in any of the affections to which the nasal chambers are subject. Even the traumatic causes of meningeal inflammation, which may be referred to the nose, are very rarely met with in private practice. It may be broadly asserted that the headaches of nasal disease are not of meningeal origin, but, as a rule, are reflex in nature. A great number of the paths of clinical reflex symptoms are conjectural, and it would be a fruitless task to endeavor to set down, with any show of accuracy, the directions taken by the afferent and efferent nerves in producing, from a peripheral irritation within the nose, a painful sensation in the head. Catarrhal headache is best considered, therefore, entirely from the clinical standpoint. It is a curious circumstance that the reference of a transient pain to the teeth, or to the roof of the mouth, as well as the occurrence of suffusion of the conjunctiva and the flow of tears, which so commonly ensue upon surgical interferences in the nasal chambers, do not often find a place among the conditions complained of in the study of catarrhal headaches, excepting in the neurotic form of the so-called "hay fever." I have sometimes been induced to believe that the head-

aches might be vaso-motor reflexes, and be confined to the great meningeal artery and its branches, but this position cannot be maintained.<sup>1</sup>

Special stress must be laid upon the compression of the anterior end of the middle turbinated bone.

While it must not be supposed that disease of the middle turbinated bone, of necessity, creates a reflex pain in the head, yet the existence of such a pain aids the observer in locating the lesion. All things remaining the same, the presence of a broad middle turbinated bone, the covering membrane of which is in a state of chronic inflammation, and which is tightly wedged between the lateral and the median walls of the nasal chamber, will predispose the subject to attacks of cranial pain.

#### THE NEUROTIC HEADACHE.

By the neurotic headache, when seen in connection with catarrh, may be understood that state of the system in which a very moderate extent of local nasal or pharyngeal disease excites numerous and inconstant symptoms which cluster about the region of the head and throat. In a typical instance of the kind, the patient—a highly neurotic person—complained of a pain in the throat and ears, in the head, and back of the throat, of a dryness in the roof of the mouth and the nostrils, and of a parched feeling in the eyelids. At another time these inexact symptoms were supplanted by a sensation which was described as “drying the head up.” It is evident enough that these complaints cannot be said to constitute a true headache. And yet it is of practical value to remember that the patient was greatly improved by a course of local treatment to the nasal and pharyngeal mucous membrane; at the same time due regard was given to the removal

<sup>1</sup> Reflex headache may have its origin in the pharynx. At least the symptoms disappear upon the relief of the pharyngeal distress. As is well known, pharyngeal disease is often a sequel of nasal disease, and the congested state, which creates the sensation of fulness and pain in the pharynx, may also cause the pain which is referred to the head. A striking example of this complaint was observed by me in the person of a lady, the wife of an army officer, who had spent several years in the high, dry altitudes of the Rocky Mountain range. When first seen, she had just recovered from an attack of neuralgia of the spine. The pharynx was the seat of deep-seated infiltrations which were accompanied by a sense of fulness and a choking sensation. Conversation was sustained with effort, while reading aloud was painful, and in a short time impossible. After the pharyngeal symptoms subsided a disposition to attacks of “sick headache,” which she had had for many years, to the surprise of the patient, disappeared. No complaint at any time had been made of the nose, and certainly no evidence of disease in the nasal chambers was apparent.

of the causes which had induced the prostration of the nervous system.

#### HEADACHES OF INFLAMMATORY ORIGIN.

Catarrhal headaches of inflammatory origin I have never seen, except in acute congestion or inflammation of the frontal sinus. The pain is of high grade, and is, as a rule, confined to one side. In the cases I have studied there has been no elevation of the temperature of the body, and the attacks have subsided after the application of leeches.

Under the heads of *prognosis* and *treatment* little is required to be said. It is evident that if the premises assumed above be correct, that the catarrhal form of headache will continue until the local cause is removed.

All things remaining the same, the patient can be assured that the distress can be relieved by a system of local treatment. The relief is quickly attained when the diseased structures are limited to small patches of the nasal mucous membrane, but is, on the other hand, when the surfaces are extensive, reached only at the end of a long and tedious course of local treatment. I recall, in this connection, a case of a young lady, who came under my care against the advice of others, who thought that, as a result of the serious impairment of the general health, the rest treatment should precede the ordeal of cautery treatment to the nose, yet who advanced steadily in improvement under the treatment, in spite of a headache of the grayer type.

The treatment is in no way modified from that which I have advocated for the treatment of chronic nasal catarrh. The diseased structures must be removed as thoroughly and as rapidly as is consistent with all the facts, and in obedience to the general principles and practice of surgery. In two cases marked relief followed the retention of obturators of vulcanite in the spaces left by perforatin ulcers of the septum.

DR. CARL SEILER said that we all know that there is more or less headache associated with nasal catarrh, but how far exact lesions give rise to these exact pains had not before been described in so many words. He thinks, with Dr. Allen, that the headache of reflex origin is largely due to pressure upon one of the surfaces of the nasal chambers. It is a curious fact, in his experience at least, that in most cases the headache of catarrh occurs on the left side of the head; while, on the other hand, obstruction of the right nostril is much more common than that of the left. He

has observed several cases in which the pain was referred to the teeth and to the ear, which, as Dr. Allen has remarked, is very rare. He remembered three cases which came under his notice lately. Two of these patients complained of toothache, or rather of a peculiar pain in the upper jaw, which might be called toothache. After careful inspection by skilful dentists, the teeth were pronounced perfectly sound, and local applications for the relief of the catarrh also relieved the toothache. The third, a lady, complained of intense pain in the left external meatus, quite deeply situated. In this case applications to the meatus had no effect, but the pain was entirely relieved by local treatment directed to the nose. In neither of these three cases was headache present.

DR. S. SOLIS-COHEN said that Dr. J. Solis-Cohen had once told him of a book written by a charlatan, who had discovered the connection between nasal catarrh and headache, and had been quite successful in his treatment of such cases. He had not been able to find the reference to this book, but he had come across a reference to a paper in an early number of the *American Journal of Medical Sciences*, vol. v., describing a case of periodical hemi-crania relieved by the expulsion of a calculus from the nose. This is referred to only in relation to the history of the subject. As to the thesis itself, his personal experience is not extensive; but he has seen in the practice of Dr. J. Solis-Cohen a large number of cases in which headache was associated with, and frequently dependent upon, diseased conditions of the nasal passages, and in which relief followed the cure of the local affection. He had not before heard the subject presented in the systematized way in which Dr. Allen had treated it, and consequently was not prepared to discuss his classification.

DR. HARRISON ALLEN said that Dr. Seiler's remark on the connection between earache and chronic nasal catarrh interested him very much. We are not yet in possession of all the facts necessary to explain this connection. He was glad that Dr. Cohen had referred to the case of nasal calculus. The cases recorded by others were not mentioned in his paper, since he lacked the necessary time thoroughly to look up the literature. He believed that the subject of headache which is found associated with chronic nasal catarrh, has never been separately considered, nor the differential diagnosis between it and other forms of headache presented. It is well known that the majority of headaches are much alike. As stated in the paper, the brow, temporal, vertex,

and occiput are so commonly involved in all headaches that patients do not distinguish between the several sources of pain, and physicians themselves may occasionally be so far misled as to fail to determine the exact cause of the ailment. In all obscure cases of distress about the head, the nasal cavities should be carefully examined.

DR. CHARLES K. MILLS, at the request of Dr. C. P. Henry, of the Insane Department of the Philadelphia Hospital, exhibited "A Case Presenting Cataleptoid Symptoms, the Phenomena of Automatism at Command, and of Imitation Automatism." This patient had been recently admitted to the Hospital, and no previous history had as yet been obtained. He was a middle-aged man, not unintelligent looking, and in fair physical condition. His condition and his symptoms had remained practically the same during the short time that had elapsed since admission. He remained constantly speechless, almost continually in one position, would not open his eyes, or at least, not widely, would not take food unless forced, and his countenance presented a placid, but not stupid or melancholy appearance. He had, on several occasions, assumed dramatic positions, posing and gesticulating. It had been discovered by Dr. Henry that the patient's limbs would remain where they were placed, and that he would obey orders automatically. The case had been regarded as probably one of katatonia, but in the absence of previous history it was not known whether or not he had passed through the cycle of mania, melancholia, etc., which constitutes this fully developed disease. He had had, since admission, attacks of some severity, probably, from description, hystero-epileptic in character.

Dr. Mills, in exhibiting the patient, first placed his arm, and legs, and body, and head in various positions, where they remained until he was commanded to place them in other positions. His mouth was opened, one eye was opened and the other was shut, and he so remained until ordered to close his mouth and eyes. In most of these experiments the acts performed were accompanied by remarks by Dr. Mills that the patient would do thus and so as he was directed.

Various experiments to show automatism at command were performed. Dr. Mills, for instance, remarked that the gentleman was a good violin-player, when the patient immediately proceeded to imitate a violin-player. In a similar way he took a lead-pencil, which was handed to him, and performed upon it as if it were a



flute. He danced when it was asserted that he was an excellent dancer ; placed his arms in a sparring position, and struck out and countered on telling him that he was a prize-fighter ; went through many of the movements of drilling as a soldier, such as "attention," "facing," "marking time," "marching," etc. He was told that he was preacher and must preach, and immediately began to gesticulate very energetically as if delivering an earnest exhortation. He posed and performed histrionically when told that he was an actor, etc. He was given a glass of water and told that it was good wine, but refused to drink it, motioning it away from him. He was then told that it was very good tea, when he tasted it, evincing signs of pleasure. During all these performances he could not be induced to speak ; his eyes remained closed, or, at least the eyelids drooped so that they were almost entirely closed. He showed a few phenomena of imitation, as keeping time and marching to the sound of the feet of the operator, etc.

After exhibiting these phenomena Dr. Mills made the following remarks :

This patient is undoubtedly suffering from some form of mental disorder. The case is probably one of those which would be classed under the head of katatonia, although in the absence of a past history, I do not think that I am entirely justified in making this diagnosis. In the affection known as katatonia first described by Kahlbaum, and in this country discussed by Hammond, Spitzka, and others, but most ably and fully by Kiernan, alternate periods of mania, melancholia, and, it is said, cataleptoid states are present.

Taking the patient as we find him, I have no doubt several views will be suggested to those present. One of the first thoughts that would suggest itself to any one is that the man is simulating. This idea, I believe, can be dismissed. He is, so far as we have been able to determine, a genuine case of mental disorder, the phenomena which have been exhibited this evening constituting an essential portion of the psychical affection. Many here present, however, are trained in the observance of mental and nervous manifestations, and I would like to hear from them as to the nature of the case.

Taking up the phenomena themselves in detail, let us question ourselves as to their nature. Have we here genuine catalepsy ? What constitutes catalepsy ? What are the pathognomonic symptoms of this ancient but not well-understood affection. I have re-

cently been interested in the subject of catalepsy, and I find some want of clearness in authorities as to its distinctive differential features. Rosenthal and some others would make waxen flexibility the *sine qua non* ; in its absence regarding the case as not one of genuine catalepsy. Waxen flexibility and unconsciousness of surroundings, are the two points upon which most stress is laid by the majority of well-known writers. What is to be understood by waxen flexibility ? I take it that it is a symptom which shows itself in the following way : A patient's leg, or arm, or fingers, his head, or his trunk, on being placed without command, or without remark, by the operator in any special position, will there remain as long as it is possible under ordinary physical laws for it to continue in that position. Such limb or part can be moulded like wax or lead into every possible shape, and will there remain, independently of, or in spite of, commands to the contrary. The true cataleptic patient, according to this conception, is in such a condition as to consciousness that he is not capable for the time being of understanding or of obeying a command. So far as mentality is concerned, he is a genuine "wax figure." This, in my opinion, is a very rare condition. I have sometimes almost doubted its existence. I have certainly seen very few cases which would answer to the picture which I have tried to draw.

Certainly, waxen flexibility, as I have thus described, is not present, or at least, not always present in this patient. It is true that even when I say nothing, his limbs will sometimes remain in the grotesque positions in which they are placed ; but he is not in a strict sense unconscious of what is being done. The very movements of my hand, my appearance, (for these patients do see, although their eyes are partly closed) may in this peculiar frame of mind suggest to him any wishes. I am inclined to think that many of the cases reported as examples of catalepsy are in reality cases which present phenomena analogous to those shown by this man.

These phenomena are those which have for many years been known and described under various names. I well remember, when a boy, attending a series of exhibitions given by two travelling apostles of animal magnetism, in which many experiments similar to those exhibited this evening were performed upon individuals, selected apparently at haphazard from a promiscuous audience, these persons having first undergone a process of magnetizing or mesmerising. In the experiments of

Heidenhain, of Breslau, upon hypnotized individuals, many similar phenomena were investigated, and described and discussed by this physiologist under the names of "automatism at command," and "imitation automatism." The hypnotized subjects for instance, were made to drink ink supposing it to be wine; to eat potatoes for pears; to thrust the hand into burning lights, etc. They also imitated all manner of movements possible for them to see, or to gain knowledge of by means of hearing, or in any other way. They behaved like imitating automatons, who repeated movements linked with unconscious impressions of sight to hearing, or with other sensory impressions. It was noted in the experiments of Heidenhain, that the subjects improved with repetition. I am inclined to believe that the patient before us performs better to day than he did yesterday, or the day before. His manifestations, although in my opinion, not simulated, have been improved somewhat by practice. Charcot, Richet, and their *confrères*, have made similar observations on hysterical and hypnotized parients, which they discuss under the name of "suggestion."

Hammond (*Med. and Surg. Reporter*, vol. xlv., Dec. 10, 1881), suggests the term "Suggignoskism" from a Greek word, which means "to agree with another person's mind," as a proper descriptive designation for these phenomena. In referring to persons said to be in one of the states of hypnosis, he says that he does not believe that the terms hypnotism and hypnosis are correct, as, according to his view, the hypnotic state is not a condition of artificial somnambulism; the subject, he believes, is in a condition where the mind is capable of being affected by another person, through words or other means of suggesting anything. In the clinical lecture during which these opinions were expressed, Hammond is reported to have performed on four hypnotized young men experiments similar to those which have been exhibited this evening upon this insane patient. His subjects, however, were not cases of insanity. A bottle was transformed by suggestion into a young lady; sulphur was transmuted into cologne; one of the subjects was bent into all sorts of shapes by a magnet; another was first turned into Col. Ingersoll and then into an orthodox clergyman, etc. In reading such reports, and in witnessing public exhibitions of the kind here alluded to, one often cannot help believing that collusion and simulation enter. Without doubt this is sometimes the case, particularly in public exhibitions for a price. What has been shown here this evening

with this man mentally afflicted ; what has been shown again and again by honest and capable investigators of hypnotism—proves, however, not only the possibility, but the certainty of the genuineness of these phenomena in some cases.

Dr. H. C. WOOD did not see that this case is closely allied to catalepsy. He had never seen a case which he considered genuine, thorough catalepsy. He had seen a number of cases occurring in the somnolent state of cerebral syphilis and various other disorders, in which there is a tendency to catalepsy—of course, using the term in its narrow sense. He believed this to be simply a case of automatism at command. He noticed when Dr. Mills raised the hand, that the man moved his hand rather by his own effort than by permitting it to be lifted by the doctor. This shows that the man interprets the muscular movement just as he interprets the command to march. The apparent catalepsy is simply the result of the command. He had seen exactly the same condition in a child two or three years of age under the care of Dr. de Schweinitz. The child could be placed in any position and would stay there almost indefinitely. He could see very little relation between this and true catalepsy. This is a psychical condition, while catalepsy is probably a disease involving lower nerve-centres than are affected in this man.

Dr. HOBART A. HARE said, with reference to Dr. de Schweinitz's case, that it exhibited more of the lead-pipe character than does this one. When the attempt was made to move a limb, it moved in a stiff way. One of the peculiar positions in which the child was placed was to seat it on the floor with the head and feet pointing toward the ceiling. It would remain balanced on the coccyx for some time, until it fell over exhausted.

The PRESIDENT preferred to accept the German definition of catalepsy as given by Dr. Mills. In his lifetime he had seen two cases. One for but a few moments before the condition passed off. The other was most extraordinary. Many years ago he saw a young lady from the West, and was told not to mention a particular subject in her presence, or very serious results would ensue. He did mention this subject, rather with the desire to see what the result would be. She at once said, "you will see that I am about to die." The breath began to fail, and grow less and less. The heart beat less rapidly, and finally, he could not distinguish the radial pulse, but he could at all times detect the cardiac pulsation with the ear. There was, at last, no visible breathing, al-

though a little was shown by the mirror. She passed into a condition of true catalepsy, and to his great alarm remained in this state a number of days, something short of a week. Throughout the whole of this time she could not take food by the mouth. Things put in the mouth remained there until she suddenly choked and threw them out. She apparently swallowed very little. She had to be nourished by rectal alimentation. She was so remarkably cataleptic that if the pelvis were raised, so that the head and heels remained in contact with the bed, she would retain this position of opisthotonos for some time. He saw her remain supported on the hands and toes, with feet separated some distance, with the face downward for upward of half an hour. She remained as rigid as though made of metal. On one occasion, while she was lying on her back, he raised the arm and disposed of the fingers in various ways. As long as he watched the fingers, they remained in the position in which they had been placed. At the close of half an hour, the hand began to descend by an excessively slow movement, and finally it suddenly gave way and fell. Not long after that she began to come out of the condition and quite rapidly passed into hysterical convulsions, out of which she came apparently well. He was not inclined to repeat the experiment.

Dr. JAMES HENDRIE LLOYD related the following case : A male patient, about twenty-five years of age, presented himself at the Nervous Dispensary, University Hospital, with a history of masturbation, and was then suffering with a consequent sexual hypochondria. His manner and facial expression indicated profound melancholia. He told his story with difficulty, and tended constantly to lapse into silence and brooding introspection. While a relative, who accompanied him, was relating some details of the case, the patient was observed to fasten his eyes steadily on the blank wall and remain in a fixed attitude. On seizing his arms and elevating them above his head, they were found in a condition of true "lead-pipe" flexibility, with prolonged persistence in the positions in which they were passively fixed. At the same time the patient was apparently unconscious, or unmindful, of the experiment ; and even required a loud call, accompanied with a decided nudge, to bring him to himself. The case throws some light, possibly, upon the psychology of these interesting conditions. This patient was no doubt in an exaggerated state of what is usually called "abstraction of mind," which all persons experi-

ence in minor degrees. He was absorbed in his melancholy reflections, and oblivious to peripheral impressions. Subsequent observations failed to discover him in this condition.

Dr. HENRY said that the idea of simulation in this case, as has been stated, can unquestionably be dismissed. Before any conceivable motive could be ascribed the actions were more marked than to-night. Since his admission, five or six days ago, he has quite spontaneously assumed various attitudes—dramatic attitudes, attitudes of prayer, etc. In moving the man's limbs there is a considerable of the "lead-pipe" element brought out.

Another feature of the case is that the man has had peculiar convulsions resembling epilepsy. He, however, has not lost consciousness. By vigorous shaking and calling he could be recalled to himself, but his face is absolutely apathetic, and to all appearances he is unconscious; he also refuses to eat, which agrees with the classical descriptions of katatonia; he has to be fed either artificially, or through the fear of artificial feeding, after the nasal tube has been resorted to once or twice, he will take food without it.